



The Commonwealth of Massachusetts
Department of Public Safety

One Ashburton Place, Room 1301

Boston, Massachusetts 02108-1618

Phone (617) 727-3200

Fax (617) 727-5732

TTY (617) 727-0019

www.mass.gov/dps

REQUEST FOR ADJUDICATORY HEARING

I, _____ do hereby request that the Department of Public Safety conduct an informal Adjudicatory Hearing in accordance with the provision of 801 CMR Rule 1.02 et. Seq. as I am aggrieved by the decision by the Department with respect to Sections _____ of the Regulations of the Department of Public Safety, 520 CMR 5.00 et. Seq.

I understand that I may request such a hearing within thirty (30) days of receipt of the Notice of Action.

Date: _____

Signature

PLEASE PRINT:

Name

Address

City/Town

State

Zip Code

Telephone

PLEASE NOTE:

This form must be received by the Department within thirty (30) days after receipt of the Notice of Action.